

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032976

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 217 Primary Registration District No. 4328 Registrar's No. 92

FILED AUG 26 1963

VS 300 Rev. 4/59	DATE AMENDED
11670	
0675	
3	
4 1	
5 2	
6	
7 1	
8 0	
9 4200	
10	
11	
12 860	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MISSISSIPPI		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BERTRAND		c. CITY OR TOWN CHARLESTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BERTRAND RETIREMENT HOME		d. STREET ADDRESS (If outside, give location) 414 E. MARSHALL	
3. NAME OF DECEASED (Type or print) First Middle Last MINNIE GERALDINE BANNISTER		4. DATE OF DEATH Month Day Year 8-7-1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-22-1899
9. AGE (last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE PRAC. NURSE	
11. BIRTHPLACE (City and state or country) RED OAK, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES MIZE		13b. MOTHER'S MAIDEN NAME ELIZABETH BRAVERS	
14. NAME OF HUSBAND OR WIFE ROBIN BANNISTER (DECD)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Cleveland, 13, Ohio Mack H. Spoon, 2077 W. 32nd	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ac Coronary Occlusion</i> DUE TO (b) <i>A.S. Heart Disease &amp; Decomposition</i> DUE TO (c) <i>Anginal Syndrome</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Scabious Moll. - Pulmonary edema</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-2-63 to 8-7-63 and last saw her alive on 8/6/63 Death occurred at 8:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. Charles Calwing</i> (Degree or title) M.D.		22b. ADDRESS Charleston, Mo.	
22c. DATE SIGNED 8-9-63		23. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-9-1963	
23c. LOCATION (City, town, or county) South Bertrand, Mo.		23d. DATE RECD. BY LOCAL REG. 8-10-63	
24. FUNERAL DIRECTOR <i>John J. [Signature]</i> THE MINNIE LEE FUNERAL CHAPEL, Charleston, Mo.		25. REGISTRAR'S SIGNATURE <i>Sarah B. Hawthorn</i>	

(Licensed Embalmer's Statement on Reverse Side)

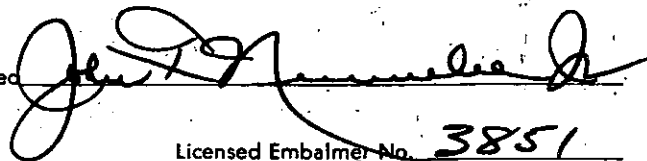
AUG 28 1963

Permit issued  
8-9-63  
DH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.